MASTER TRADING PARTNER PROFILE

TRADING PARTNER TY	PE:		
X Jurisdiction		ims Administrator	
Service Bure	eau Oth	ner (specify):	
Employer			
MASTER TRADING PAR	RTNER INFORMATION:		
Name:	Kentucky Office of Workers Claims		
Master FEIN:	61-0600439		
Phy Address:	Prevention Park		
	657 Chamberlin Avenue		
City:	Frankfort		
State:	KY Postal Code:	40601	
Mail Address:			
3 11			<u></u>
City:			
State:	Postal Code:		
CONTACT INFORMATION		7	Гесhnical Contact(148/A49):
Name: Debo	rah Wingate	Name:	Cam Lawson.
· · · · · · · · · · · · · · · · · · ·			EDI Administrator
Phone: 502-564-5550 ext 4423		Phone:	-
FAX: 502-564-5732		FAX:	502-564-8250
Email: deborah	n.wingate@ky.gov	Email:	HowardC.Lawson@ky.gov
Business Conta	nct(837):	Technic	al Contact(837):
Name: Debo	rah Wingate	_ Name: _	Cam Lawson.
Title: <u>Direc</u>	tor, Information and Research	_ Title:	EDI Administrator
Phone: <u>502-</u>	564-5550 ext 4423	_ Phone: _	502-564-5550 ext 4486
FAX: <u>502-</u>	564-5732	_ FAX: _	502-564-8250
Email: deborah.wingate@ky.gov		Email: _	HowardC.Lawson@ky.gov

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MASTER TRADING PARTNER PROFILE

TRADING PARTNER TYPE:		
Jurisdiction Service Bureau Employer	Claims Administrator Other (specify):	
MASTER TRADING PARTNER INFOR	MATION:	
Master FEIN:		
City: State:	Postal Code:	
City:	Postal Code:	
CONTACT INFORMATION:		
Business Contact:	Technical Contact:	
Name:	Title: Phone: FAX:	
Business Contact:	Technical Contact:	
Name: Title: Phone: FAX:	Title: Phone:	

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